



COUNTY OF LAKE

HEALTH SERVICES DEPARTMENT

Division of Environmental Health

Lakeport:

922 Bevins Court, Lakeport, CA 95453-9739

Telephone 707/ 263-1164 FAX: 263-1681

Lower Lake:

16185 Main Street, Lower Lake, CA 95457

Telephone 707/ 994-2257 FAX: 994-8950

James Brown
Health Services Director

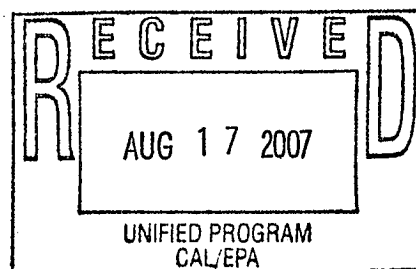
Craig McMillan MD,
Health Officer

Raymond Ruminski, REHS
Environmental Health Director

August 10, 2007

Jim Bohon
California Environmental Protection Agency
1001 I Street
Sacramento, CA 95814

re: CUPA Progress Report for County of Lake



Dear Mr. Bohon,

This letter is in response to your letter of July 27, 2007. We appreciate your interest, as the County of Lake works toward compliance with our CUPA obligations. Enclosed you will find our new fee ordinance that became effective July 26, 2007. Ken Williams, Hazardous Materials Specialist has produced preliminary estimate of the revenue increase due to the re-categorization of the CUPA permit fees. It is likely that the revenues from the CUPA fees will increase slightly more than twofold.

A revenue increase in the local CUPA program fees and the expected CalEPA contribution as a result of the AB 1257 changes in the rural CUPA funding program will put us in a position to request additional permanent staff positions beginning with the 2008-2009 budget year. The table below summarizes a plan to add permanent staff to the CUPA program.

26JULY2007	JAN2008	APR-MAY2008	SEP2008	OCT-DEC2008
BOS approves new fee schedule for CUPA program	Dept realizes increase in revenue for CUPA program	Dept requests new CUPA program staff positions in preliminary budget	BOS adopts final budget; Dept authorized to hire new CUPA program staff	Recruit, hire and begin to train new CUPA program staff

In the very short term we have shifted staff from other programs to support CUPA obligations. Time needed for adequate training is still uncertain but we are again emphasizing the goal of triennial inspections for the business plan facilities. With shifted staff and new staff it is anticipated we restore a triennial schedule for these facilities in 2009. The table here is an anticipated schedule.

JULY2007	AUG-OCT2007	NOV-DEC2007	2008	2008
CUPA staff is supplemented with (0.5 FTE) EH tech	CUPA training for EH tech; CUPA facility inspections by EH tech started	EH tech performing selected, follow-up CUPA facility inspections	EH tech performing CUPA facility inspections independently	Staff performing routine CUPA site inspections on triennial schedule

The short term increased staffing level will move us back into compliance with the minimum requirement for inspection of facilities without underground tanks once every three years. The

additional staff position(s) will let us effectively maintain the required CUPA inspections as well as complete other aspects of the CUPA program.

The question revolving around deficiency #6 seems to be a communication problem from this agency to you. We are updating the inventories every year with each of the CUPA facilities. We do this at the time of billing when we send, with the invoice, a letter for the facility to certify the old Business Plan for any changes (see enclosed form). If there are any changes, the facility submits the change in the inventory or the business plan last submitted (see enclosed form). This is followed up by correspondence until complete. The "updating" that was mentioned in the report to you is a verification that the inventory that was last submitted or certified that year, is in fact still correct. I believe this should be satisfactory to comply with deficiency #6. If it is not please respond back as to how we can improve this.

If you have any questions or comments or if you have specific suggestions that may benefit our program please contact Ken Williams or me at any time.

Sincerely,

A handwritten signature in cursive script, appearing to read "Raymond Ruminski".

Raymond Ruminski
Environmental Health Director

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

ORDINANCE NO.: 2826

AN ORDINANCE ESTABLISHING A PERMIT AND SERVICE FEE SCHEDULE FOR THE ENVIRONMENTAL HEALTH PROGRAMS OF THE LAKE COUNTY DEPARTMENT OF HEALTH SERVICES

The Board of Supervisors of the County of Lake, State of California, ordains as follows:

Section 1. The amounts set forth below are hereby established as the fees for services performed and permits issued by the Environmental Health Division of the Lake County Department of Health Services (excluding services and permits for Food Establishments). The Environmental Health Division, Lake County Department Health Services shall collect the fees set forth below before accepting any application for any permits or services.

HOURLY RATE

Normal Working Hours	\$ 101. per hour
After Hours and on Holidays	\$ 152. per hour

ON-SITE SEWAGE DISPOSAL

Site Evaluations	\$ 319. per request
Standard or Alternative Septic Permit (<2500 gal/Day)	\$ 473. per system
Supplemental Treatment Septic Permit	\$ 580. per system
Septic Re-Inspection (per inspection over 2 inspections)	\$ 72. per request
Septic Permit Renewal (before expiration)	\$ 63. per system
Septic Permit Renewal (after expiration)	\$ 77. per system
Standard or Alternative Septic Permit (<2500 Gal/Day)	\$ 919. per system
Alteration Permit	\$ 360. per system
Alteration Permit (minor alteration to existing system)	\$ 203. per system
Repair Permit	\$ 270. per system
Repair Permit (minor repair to existing system)	\$ 120. per system
Sand Filter or Experimental Systems (First 8 Hours)	\$ 887. per system

County of Lake EH Fee Ordinance (cont.)

Each Additional Hour	\$ 101. hourly rate
Capping Fill System	\$ 551. per system
Annual Inspection (Experimental, Required Alternative Systems)	\$ 135. per inspection
Authorizations field inspection	\$ 150. per inspection
On-Site Consultation	\$ 101. hourly rate
On-Site Variances	\$ 232. per request
Septic Tank Pumper Truck	\$ 77. per vehicle
Annual Operating Permit for Special Treatment Systems	\$ 176. per year

LOAN APPROVALS (existing system evaluations)

Sewage disposal or water (lab fees additional)	\$ 146. per application
Sewage disposal and water (lab fees additional)	\$ 194. per application

WELL PERMITS

Domestic Well Permit	\$ 248. per permit
Public Well Permit	\$ 475. per permit
Monitoring Well Permit	\$ 248. per permit
Well Consultation	\$ 101. hourly rate
Deepening of Well	\$ 80. per permit
Well Abandonment Permit	\$ 0. NO FEE

OTHER WATER-RELATED ACTIVITIES

4-Hour Pump Test	\$ 238.
24-Hour Pump Test	\$ 396.
72-Hour Pump Test	\$ 633.

BODY ART ESTABLISHMENTS

One-Time registration fee	\$ 34. per practitioner
Annual Inspection Fee	\$ 142. per practitioner

County of Lake EH Fee Ordinance (cont.)

PUBLIC WATER SYSTEMS

5 – 14 Connections	\$ 324.	per facility
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PLAN REVIEW

5 – 14 Connections	\$ 311.	per facility
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RECREATIONAL HEALTH

Swimming Pools (operating in summer only)	\$ 231.	per facility
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Swimming Pools (operating year round)	\$ 321.	per facility
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Plan Check – Construction (per Pool)	\$ 475.	per facility
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Plan Check – minor alteration (per Pool)	\$ 203.	per facility
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LABORATORY ANALYSIS

Various bacteriological analysis	Actual Cost per sample
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Rabies Non-Human Exposure (lab only)	Actual Cost per sample
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SOLID WASTE

Vehicles Annual Permit	\$ 80.	per vehicle
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Site or Disposal Facilities (Hourly Rate)	\$ 94.	hourly rate
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FILE SEARCH

Hard file or Computer Search per Hour + Materials or copies	\$ 94.	Hr rate + materials
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FAX

First Two Pages	\$ 3.	first two pages
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Each Additional Page	\$ 1.	per page
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UNDERGROUND HAZARDOUS MATERIALS STORAGE CONTAINERS

ANNUAL PERMIT TO OPERATE

Tanks less than 1,000 Gallons	\$ 104.	per permit
Tanks 1,000 – 5,000 Gallons	\$ 147.	per permit
Tanks 5,001 – 10,000 Gallons	\$ 220.	per permit
Tanks over 10,000 Gallons	\$ 293.	per permit

STATE SURCHARGE is determined by the Legislature and must be paid at the time of the permit application.

PERMITS TO INSTALL NEW TANKS

Permit to Install 1st Underground Container	\$ 799.	per permit
Each Additional Container	\$ 235.	per container

PERMIT TO REMOVE EXISTING TANKS

Tank Abandonment or Removal	\$ 273.	
Clean up/Oversite at Contaminated Sites	\$ 101.	hourly rate

RESPONSE TO HAZARDOUS MATERIAL SPILL

	\$ 158.	per hr+ materials
Site Remediation Work Plan Review/Inspection (3 hr min)	\$ 239.	per review
Beyond 3 hour Minimum	\$ 94.	hourly rate
Laboratory Analysis (actual lab cost + hourly rate)	\$ 94.	hourly rate
Spill Containment Materials (Actual Cost)		Actual Cost

ANNUAL HAZARDOUS MATERIALS DISCLOSURE PLANS

Categorized by quantities of hazardous materials:

CATEGORY	GALLONS (liquids)	POUNDS (solids)	CUBIC FEET (gases, STP)	ANNUAL FEE (per facility)
1	55-110	500-1,000	200-2,000	\$289
2	111-500	1,001-5,000	2,001-10,000	\$356
3	501-1000	5,001-10,000	10,001-30,000	\$553
4	1,001-5,000	10,001-100,000	30,001-50,000	\$674
5	5001-20,000	100,001-200,000	50,001-2,000,000	\$819
6	20,001-150,000	200,001-300,000	2,000,001-3,000,000	\$1,108
7	150,001 +	300,001 +	3,000,000 +	\$1,749

Categorized by type of hazardous materials facility:

Conditionally exempt small quantity generator facility \$ 72. per facility

Agricultural operation, hazardous materials facility \$ 131. per facility

PENALTIES

Penalty for not obtaining an annually renewable permit or providing a service requiring an annual renewable permit:

15 – 30 days late or after opening	10% of required fee
30 – 60 days late or after opening	15% of required fee
60 – 90 days late or after opening	20% of required fee
Over 90 days late or after opening	25% of required fee

County of Lake EH Fee Ordinance (cont.)

Section 2. All ordinances or parts of ordinances, or resolutions or parts of resolutions, in conflict herewith are hereby repealed to the extent of such conflict and no further.

Section 3. This ordinance shall take effect on the 26th day of July, 2007, and before the expiration of fifteen days after its passage it shall be published at least once in a newspaper of general circulation in the County of Lake.

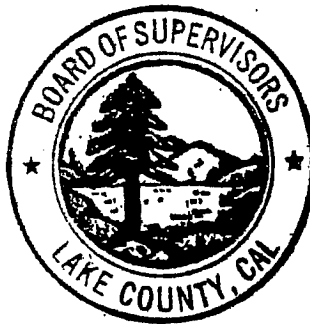
The foregoing ordinance was introduced before the Board of Supervisors on the 19th day of June, 2007, and passed by the following vote on the 26th day of June, 2007.

AYES: Supervisors Robey, Rushing, Farrington, Brown and Smith

NOES: None

ABSENT OR NOT VOTING: None

COUNTY OF LAKE
Chair, Board of Supervisors



ATTEST:
KELLY F. COX, Clerk
Board of Supervisors

By: Maryanne Turner
Deputy

APPROVED AS TO FORM:

Anita L. Grant
County Counsel

By: Anita L. Grant
Deputy



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**CERTIFIED UNIFIED PROGRAM AGENCY
(CUPA)**

**ANNUAL BUSINESS PLAN REVIEW
CERTIFICATION**

BUSINESS NAME _____ PHONE _____

BUSINESS SITE ADDRESS _____

OWNER / OPERATOR NAME _____ PHONE _____

BUSINESS MAILING ADDRESS _____

NATURE OF BUSINESS _____ FACILITY NUMBER _____

NOTE - THIS FORM IS ONLY TO BE FILLED OUT IF THERE HAS BEEN MINOR OR NO CHANGES IN THE BUSINESS PLAN FROM LAST YEAR. IF THERE ARE CHANGES THEN SUBMIT THAT PART OF THE BUSINESS PLAN OR INDICATE ABOVE WHAT HAS CHANGED. NO BOXES BELOW SHOULD BE BLANK UNLESS A CHANGE IS SUBMITTED.

I. Chemical Inventory Update* (Mark the box if the statement is accurate or submit an updated or corrected facility inventory)

☐ The most recent inventory statement is complete, accurate, and up to date.

- There has been no change in the quantity of hazardous material as reported last year.
- No hazardous materials have been added or subtracted from the inventory

II. Business Plan Information (Mark the boxes that have **NOT changed, or submit an updated or corrected business plan, map, or identification page)**

a. ☐ I reviewed the facility business plan as required by Section 25505 of the California Health and Safety Code and determined that no revision of the business plan, or map is needed at this time.

- No change in the site map,
- No change in the emergency response or employee training procedures

b. ☐ There has been no change in emergency contact information.

c. ☐ There has been no change in business name OR phone number.

d. ☐ There has been no change in business ownership OR phone number.

e. ☐ There has been no change in business site address OR mailing address.

*Businesses that use the Business Plan to satisfy EPCRA reporting requirements may not use a certification statement.

III. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete. I further agree to notify the Lake County Division of Environmental Health should there be changes in hazardous materials inventory or business information. Changes in information will be reported on forms acceptable to the Lake County Division of Environmental Health.

(Signature) _____

Print Name: _____

(Date) _____

Title: _____

Return this form to:

Lake County Health Services Department
Division of Environmental Health
922 Bevins Court
Lakeport, California 95453

te: / /

UN-020 - 7/17

Non-Waste Hazardous Materials Inventory Statement Instructions (Modified UPCF Hazardous Materials Inventory - Chemical Description Page)

All non-waste hazardous materials stored at the facility must be listed on the Non-Waste Hazardous Materials Inventory Statement [or the Unified Program Consolidated Form (UPCF) Hazardous Materials Inventory - Chemical Description form (available on the Internet at www.unidocs.org)]. This form allows you to report up to six chemicals on a single page. Do not list hazardous wastes on this form.

You must complete a separate inventory line for each individual hazardous material that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect all hazardous materials at your facility, reported separately for each building or outside storage area, with separate inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret materials must be listed on separate pages. Where the aggregate quantities of some hazardous materials are below the Business Plan threshold reporting quantity, report the general hazard class of the materials (e.g. "Misc. Flammable Liquids"), rather than the Common Name, and the aggregate quantity of all hazardous materials having this hazard class which individually are below the threshold reporting quantity. Make additional copies of this form if needed. Your local agency may be capable of accepting electronic reporting of this information. Contact your local agency for details.

1. **DATE** - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
2. **BUSINESS NAME** - Enter the complete Facility Name.
3. **TYPE OF REPORT ON THIS PAGE** - Indicate whether the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
4. **PAGE NUMBER** - Number each page of the inventory appropriately.
5. **CHEMICAL LOCATION** - Enter the name of the building or outside area where the hazardous materials reported on this page are handled. A chemical stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
6. **EPCRA CONFIDENTIAL LOCATION** - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
7. **TRADE SECRET INFORMATION** - Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
8. **FACILITY ID NUMBER** - This number is for agency use only. Leave this space blank.
9. **HAZARD CLASS** - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the material being reported on each line.
10. **MAP & GRID OR LOCATION CODE** - In Column 2, enter the page number of the Storage Map where the location of the hazardous material is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map.
11. **COMMON NAME, CAS NUMBER, & EHS** - In Column 3, enter the following information:
 - **COMMON NAME** - The Common Name or Trade Name of the hazardous material or mixture (e.g. Gasoline, Acme Super Solvent).
 - **EHS** - If the material is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A, check the EHS box.
 - **CAS NUMBER** - Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section, below.
12. **HAZARDOUS COMPONENTS** - (Note: If the material is not a mixture, skip Column 4 and go directly to Column 5.) In column 4, enter the following information regarding Hazardous Components that make up the material listed in Column 3:
 - **CHEMICAL NAME** - If the Chemical Name is the same as the Common or Trade Name shown in Column 3, you may leave this space blank. If the material is a mixture, list the chemical name of each hazardous component in the mixture ranked by percent weight (refer to the MSDS or manufacturer). All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - **% BY WEIGHT** - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - **EHS** - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance.
 - **CAS NUMBER** - List the Chemical Abstract Service (CAS) number for each hazardous component.
13. **TYPE & PHYSICAL STATE** - In column 5, identify the material type and physical state by checking the "pure" or "mixture box" and the "solid", "liquid", or "gas" box.
14. **QUANTITIES** - In the appropriate spaces within column 6, list:
 - **MAXIMUM DAILY AMOUNT*** - Enter the maximum amount of the hazardous material or mixture handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - **AVERAGE DAILY AMOUNT*** - Calculate the average daily amount of the hazardous material or mixture in this building or outside area. If this is a material that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - **LARGEST CONTAINER*** - Enter the volume of the largest container in which the material is handled at the location.
 - **CURIES** - If the material is radioactive, use the space provided to report the activity in curies.
 - **DAYS ON SITE** - Enter the total number of days (e.g. 365) during the year that the material is on site.
 - **STORAGE CONTAINER** - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the material is stored/handled.

* Except for Curies, units of measure must be the same as that indicated in Column 7.

15. **UNITS** - In column 7, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the material is a federally defined EHS and is not a mixture, all amounts must be reported in pounds.
16. **STORAGE CODES** - In the appropriate spaces within Column 8, list:
 - **STORAGE PRESSURE** - Check the box that best describes the pressure at which the material is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - **STORAGE TEMPERATURE** - Check the box that best describes the temperature at which the material is stored.
17. **HAZARD CATEGORIES** - In column 9, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure

ite: / /

UN-020 - 9/17

Hazardous Waste Inventory Statement Instructions (Modified UPCF Hazardous Materials Inventory - Chemical Description Page)

All hazardous wastes handled at the facility must be listed on the Hazardous Waste Inventory Statement [or the Unified Program Consolidated Form (UPCF) Hazardous Materials Inventory - Chemical Description form (available on the Internet at www.unidocs.org)]. This form allows you to report up to six wastes on a single page. Do not list non-waste hazardous materials on this form.

You must complete a separate inventory line for each individual hazardous waste that you handle at your facility in an aggregate quantity subject to Hazardous Materials Business Plan reporting requirements (please refer to the Hazardous Materials Business Plan Information Sheet). The completed inventory must reflect all hazardous wastes at your facility, reported separately for each building or outside storage area, with separate inventory lines for unique occurrences of physical state, storage temperature, or storage pressure. Trade secret wastes must be listed on separate pages. Make additional copies of this form if needed. Your local agency may be capable of accepting electronic reporting of this information. Contact your local agency for details.

1. **DATE** - In the space at the top left side of the form, enter the date this inventory statement page was prepared.
 2. **BUSINESS NAME** - Enter the complete Facility Name.
 3. **TYPE OF REPORT ON THIS PAGE** - Indicate whether the waste is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. (Note: You may leave this blank if you resubmit your entire inventory annually.)
 4. **PAGE NUMBER** - Number each page of the inventory appropriately.
 5. **CHEMICAL LOCATION** - Enter the name of the building or outside area where the hazardous wastes reported on this page are handled. A waste stored at the same pressure and temperature in multiple locations in one building or area can be reported on a single line.
 6. **EPCRA CONFIDENTIAL LOCATION** - You must check "Yes" to keep chemical location information confidential. If you do not wish to keep chemical location information confidential check "No." If "Yes," a signature is required on the line provided at the bottom of the form.
 7. **TRADE SECRET INFORMATION** - Check "Yes" if the information in this section is declared a trade secret, "No" if it is not. If "Yes," and the business is subject to EPCRA, disclosure of designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form to the United States Environmental Protection Agency.
 8. **FACILITY ID NUMBER** - This number is for agency use only. Leave this space blank.
 9. **HAZARD CLASS** - In Column 1 of the inventory table, provide the primary U.S. Department of Transportation (DOT) numerical hazard class for the waste being reported on each line.
 10. **MAP & GRID OR LOCATION CODE** - In Column 2, enter the page number of the Storage Map where the location of the hazardous waste is shown, along with the grid coordinates from your Storage Map that correspond to the location of the hazardous waste. If applicable, multiple grid coordinates can be listed. If you do not use a grid system, enter the Location Code shown on your Storage Map.
 11. **WASTE STREAM NAME & MANAGEMENT METHOD** - In Column 3, enter the following information:
 - **WASTE STREAM NAME** - The Common Name of the hazardous waste (e.g. Used Oil, Spent Solvent).
 - **MANAGEMENT METHOD** - Check the appropriate box(es) to indicate how you manage the waste.
 12. **HAZARDOUS COMPONENTS** - In column 4, enter the following information regarding Hazardous Components that make up the waste listed in Column 3:
 - **CHEMICAL NAME** - List the chemical name of each hazardous component in the mixture ranked by percent weight. All hazardous components present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, must be reported. If more than five hazardous components exceed these percentages, you may attach an additional sheet of paper to report the required information.
 - **% BY WEIGHT** - Enter the percentage weight of each hazardous component. If a range of percentages is available, report the highest percentage in that range.
 - **EHS** - Check the box provided if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, Appendix A.
 - **CAS NUMBER** - List the Chemical Abstract Service (CAS) number for each hazardous component.
 13. **TYPE & PHYSICAL STATE** - In column 5, identify the physical state by checking the "solid", "liquid", or "gas" box.
 14. **QUANTITIES** - In the appropriate spaces within column 6, list:
 - **MAXIMUM DAILY AMOUNT*** - Enter the maximum amount of the hazardous waste handled in this building or outside area at any one time over the course of the year. This amount must contain, at a minimum, last year's reported inventory with the reflection of additions, deletions, or revisions projected for the current year.
 - **AVERAGE DAILY AMOUNT*** - Calculate the average daily amount of the hazardous waste or mixture in this building or outside area. If this is a waste that is new to this location, the amount should be the average daily amount you project to be on hand during the course of the year.
 - **LARGEST CONTAINER*** - Enter the volume of the largest container in which the waste is handled at the location.
 - **CURIES** - If the waste is radioactive, use the space provided to report the activity in curies.
 - **DAYS ON SITE** - Enter the total number of days (e.g. 365) during the year that the waste is on site. (Note: This does not refer to the accumulation time limit for individual waste containers.)
 - **STORAGE CONTAINER** - Using the container codes listed at the bottom of the inventory statement, list every type of container in which the waste is stored/handled.
- * Except for Curies, units of measure must be the same as that indicated in Column 8.
15. **ANNUAL WASTE AMOUNT** - Enter the total quantity of this waste generated annually. Use the same unit of measure as that indicated in Column 8.
 16. **UNITS** - In column 8, check the appropriate unit of measure: gallons for liquids, pounds or tons for solids, and cubic feet for gases. If the waste is a federally defined EHS and is not a mixture, all amounts must be reported in pounds.
 17. **STORAGE CODES** - In the appropriate spaces within Column 9, list:
 - **STORAGE PRESSURE** - Check the box that best describes the pressure at which the waste is stored: ambient (standard), > amb. (greater than ambient), < amb. (less than ambient), or cryogenic.
 - **STORAGE TEMPERATURE** - Check the box that best describes the temperature at which the waste is stored.
 18. **HAZARD CATEGORIES** - In column 10, check the box(es) to describe all physical, health, and radioactivity hazards associated with the hazardous waste.

PHYSICAL HAZARDS	HEALTH HAZARDS
Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	Acute Health (Immediate): Toxics, Highly Toxics, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short-term exposure
Reactive: Unstable Reactives, Organic Peroxides, Water Reactives, Radioactives	
Pressure Release: Explosives, Compressed Gases, Blasting Agents	Chronic Health (Delayed): Carcinogens, other chemicals with an adverse effect with long-term exposure